

ARKANSAS STATE BOARD OF REGISTRATION
FOR PROFESSIONAL ENGINEERS
P.O. BOX 3750
LITTLE ROCK, AR 72203
Phone-501-682-2824

Office of the Registrar

(College Name)

Dear Sir or Madam:

S.S. #:

Birthdate:

(Name in full) Phone

has filed, with this Board, an application for registration as a professional engineer under the provisions of Act 214 of the 1953 General Assembly of the State of Arkansas. In regard to his/her education, he/she states as follows:

List Degrees and Date Received:

ONLY a registrar may complete this form.

Registrar Completes: place college seal here

Correct: _____

Registrar's name _____

Phone number _____

Date: _____

Incorrect: _____

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

A self-addressed, stamped envelope is enclosed for your convenience in replying.

Yours very truly,

STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

Secretary-Treasurer

NOTE: Applicant should complete top portion and forward to college with stamped envelope addressed to
Arkansas Board, P.O. Box 3750, Little Rock, AR 72203.